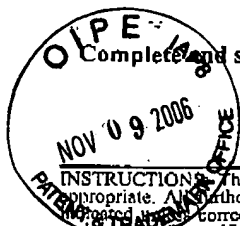


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Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
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23862 7590 06/09/2006

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Julia Emerson	(Depositor's name)
<i>Julia Emerson</i>	(Signature)
Nov. 9, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/683.893	10/10/2003	Herbert R. Radisch JR.	10745.137.1	7854

TITLE OF INVENTION: APPARATUS FOR SUPPORTING A SEGMENTED BLADE ON A BALLOON CATHETER

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/09/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BAXTER, JESSICA R	3733	606-194000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 VIDAS, ARRETT &

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BOSTON SCIENTIFIC SCIMED, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MAPLE GROVE, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

B. E. Carlsen
 Benjamin E. Carlsen

Date Nov. 9, 2006

Typed or printed name

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